

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09782162

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
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50						
TOTAL IND.	3					
TOTAL DEP.	10					
TOTAL CLAIMS	13					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em;">09782162</div>	FILING DATE <div style="font-size: 1.2em;">02-14-01</div>		APPLICANT(S)					
CLAIMS															
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.		
1							51								
2							52								
3							53								
4							54								
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41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	4						TOTAL IND.								
TOTAL DEP.	11						TOTAL DEP.								
TOTAL CLAIMS	15						TOTAL CLAIMS								